

Enrollment Package



2025 – 2026

HALF DAY & FULL DAY SUMMER PROGRAMMING



Learn and Play Preschool Enrollment Checklist

Child's Name: First _____ Last _____

Please indicate if your child is a sibling of an alumni: Yes / No _____

Classes Requested – Please indicate in the Class Preference below

FULL DAY PRESCHOOL PROGRAM	
Days/Week	Total Paid by you
2 (T/Th)	\$230
2 (T/Th) + B/C	\$230
2 (T/Th) + A/C	\$230
2(T/Th) +B/C+A/C	\$230
3(MWF)	\$230
5(MWF)AM or PM	\$230
3(MWF)+B/C	\$326.25
3(MWF)+A/C	\$326.25
3(MWF)+B/C+A/C	\$326.25
5(M-F)	\$326.25
5(M-F) +B/C	\$326.25
5)M-F) +A/C	\$326.25
5(M-F) +B/C+A/C	\$326.25

- Full Day Preschool Hours = 8:30-3:30
- Before Care Hours = 7:45-8:30
- After Care Hours = 3:30-5:55
- Affordability Grant is paid directly to Learn and Play Preschool
- Subsidy has been discontinued effective April 1st, 2025
- Parent Fee for 50-99 hours per month = \$230
- Parent Fee for 100+ hours per month = \$326.25

Class Preference

1st Choice _____

2nd Choice _____

Before Care and/or After Care – Please indicate by checking the box, if yes please indicate if needing Before Care, After Care or Before and After Care Please note that you would still need to register in before and/or after care (if needed) for staffing purposes.

YES _____

NO

Submitted

Preschool Summer Enrollment Package

Communication Sent electronically: Email address is REQUIRED

✓ _____

✓ _____

How did you hear about us? _____



Learn and Play Preschool Enrollment Record

Personal Information

Child's Name: <i>First</i>			<i>Last</i>		
Date of Birth:		Month	Day	Year	
Home Address & Postal Code:					
Parent / Guardian:			Relationship to Child:		
Home Address (If different from child):					
Home Phone #:			Cellular Phone #:		
Parent / Guardian:			Relationship to Child:		
Home Address (if different from child):					
Home Phone #:			Cellular Phone #:		

Additional Emergency Contacts *Able to pick up child if parent/guardian cannot be reached*

Emergency Contact:			Relationship to Child:		
Home Phone #:		Cellular Phone #:			
Home Address:					
Emergency Contact:			Relationship to Child:		
Home Phone #:		Cellular Phone #:			
Home Address:					

Health & Wellness

Allergies / Food Restrictions:	
Allergic Reactions - Symptoms / Signs of Distress:	
Emergency Medication:	
Instructions for Use Provided: Yes No	Medication Form Completed: Yes No
<p>Immunizations up to date: Yes No If No, please read and sign waiver.</p> <p>Immunization Waiver: I am aware of the inherent risks of not having my child immunized. I agree to voluntarily remove my child from the Preschool in the event of an outbreak of any infectious disease, which is currently covered by the Alberta Health Services Immunization Program. The return date will be established after consultation with the Alberta Health Services. Signature _____</p>	

All About Your Child

Is this your child's first year of Preschool? Yes No	
Siblings:	Language(s) Spoken at Home:
What activities does your child enjoy?	
What are your expectations or hopes for your child at our Preschool?	
Is there anything regarding your family, extended family or child that you would like to share with us?	

Parent Consent Form

Please initial beside each statement to confirm you have read and agree to be bound by each service condition.

Initials	Service Agreement Conditions
	I hereby certify that the Child is in my lawful custody and that there is no other person whose consent is required for my Child's enrollment into the Preschool.
	I have read and reviewed the Family Handbook, including the Guidance & Discipline Policy, and I am satisfied that I have been informed about the Preschool's activities and practices.
	I agree to inform the Preschool immediately of any changes to my or my Child's personal information including medical status, emergency contacts, and those persons with authorized access to my Child. This information is used in emergency situations and when it is used time is of significant consideration. The Preschool strongly emphasizes the need for this information to be kept up to date.
	I give permission for my Child to participate in offsite walks and outdoor play in the play space behind the preschool, planned and supervised by the program.
	I understand that therapists from Kids Developmental Services and Early Learning & Child Care students from Bow Valley College spend time in the classroom under the supervision and direction of the owner/teacher. Neither party will have unsupervised access to my child.
	I hereby give permission for my Child's artwork to be displayed on our website/Facebook.
	I understand that the Preschool will respond appropriately to situations when the parent(s) appear unable to provide safe care i.e., intoxicated or lack of car seats. The staff acts in the best interest of the Child at all times and exercises good judgment in determining the best course of action.
	Emergency situations when ambulance is called: With my permission, the Preschool may secure such medical advice and services as it may deem necessary for my Child's health and safety. I shall be financially responsible for such advice and services.
	I understand that when staff deem it necessary, they are permitted to provide or allow for the provision of health care. The health care provided is in the nature of first aid.

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	I understand that relevant information (i.e., your Child's name and attendance record) is released to Government agencies as considered necessary or advisable by the program. Your Child's full name may appear on common classroom lists.
	I understand that the Preschool is NUT AWARE and will ensure that nut and nut products are not sent in my child's snacks regardless of their allergies / non-allergies.
	I have read and fully understand the rules governing fee payment and I am aware that my Child's enrollment in the Preschool may be cancelled without notice if I fail to abide by those provisions.
	I am aware that the Preschool, at its sole discretion, may terminate this contract when it is in the best interest of my Child and/or the Preschool.
	I have read and understood the Family Handbook, including Guidance and Discipline Policy, Emergency Evacuation Procedures. I will follow the procedures of Learn and Play Preschool Academy. I have read and understood and signed the Tuition Agreement.
	I will adhere to all Alberta Health Services health mandates regarding but not limited to Covid-19. I will screen my child and myself before attending preschool. My child or family members will not attend if ill. I will allow for preschool staff to also screen my child including temperature check before they will be permitted inside. I understand that it is crucial for the wellbeing of all for myself and my family to comply. I will follow all guidelines and recommendations. I agree that the health and wellbeing of all supersedes the want/need to attend preschool.

SIGNATURE OF PARENT/GUARDIAN

DATE

Media Consent

We at Learn and Play Preschool Academy would like to share all the fun we have at preschool! Arts and crafts may be posted within the classroom; photos and videos may on occasion be taken and posted on the walls of the preschool, in our newsletter, and/or on our Preschool Facebook and Instagram Page.

Under No circumstances will we publish the pictures and/or names of children outside of the classroom without permission.

I grant the staff at Learn and Play Preschool Academy permission to publish my child's photo (no visible face) On the Learn and Play Preschool Academy's Facebook and Instagram Page: YES NO

I grant the staff at Learn and Play Preschool Academy permission to publish my child's photo (visible face) on the Learn and Play Preschool Academy's Facebook and Instagram Page: YES NO

SIGNATURE OF PARENT/ GUARDIAN

DATE

Confidentiality Policy

I will not disclose information of the personal or business affairs of program, staff, parents or children with other programs or individuals. I will respect the privacy and confidentiality of the staff, families and children at Learn and Play Preschool.

I understand that this confidentiality may be waived in specific circumstances:

- suspected child abuse and neglect reporting
- unresolved concerns regarding Preschool and subsequent complaints to Calgary and Area Child and Family Services: Child Care Licensing

SIGNATURE OF PARENT/ GUARDIAN

DATE

Freedom of Information and Protection of Privacy (FOIP) – Consent Form

For more info – www.alberta.ca/freedom-of-information-and-protection-of-privacy

To be part of the AB Government Affordability Grant Program Learn and Play Preschool will be providing the following information to the AB Government through secure portal:

*Child's Name Date of Birth
Parent/Guardian name(s)
Contact Information (telephone and/or email) Start date and
registered attendance hours*

Please note that consent must be given to receive the flat rate parent fees (Daycare License Program) or the Preschool Affordability Grant (Preschool Program License)

Full time (100+ hours/month) - \$326.25/month OR Part Time (50-99 hours/month) - \$230/month OR Preschool Program \$100 Affordability Grant towards Preschool Monthly Fees

- Consent Given** (I will receive the flat rate parent fee determined by the AB Government OR the \$100 Flat rate Preschool AG towards my child's monthly preschool tuition)
- Consent NOT Given** (I understand I will be responsible for the FULL monthly fees determined by Learn and Play Preschool)

Child Name: _____

Parent/Guardian Name(s):

Parent/Guardian Signature(s):

Date Signed: _____

Preschool Tuition Agreement

1. My child _____ [Name] is enrolled at Learn and Play Preschool Academy for the 2024-2025 school year.
2. I/We agree to and shall pay the full tuition fees in relation to the Student for the School Year in accordance with the Payment Schedule. Learn and Play Preschool Academy tuition fees shall be paid in 10 equal payments, one payment for June at the time of registration and monthly payments from September to May. Monthly payments shall be due on the first day of the month through pre-authorized withdrawals, post-dated cheques, or credit card.
3. I/We understand and agree that:
 - a. if the Student withdraws from the School at any time, a 30-day written notice is required or one month's fee will be charged. For example, to withdraw on November 19th, notice must be received on or before October 1st. Failure to give timely notice will result in the forfeit of the monthly tuition. There will be no refunds for June deposits for cancellations made after August.
 - b. if the Student is required to receive on-line distance learning/educational programming due to a force majeure such as a pandemic, or due to extenuating circumstances:
 - i. no refund or fee reduction shall be applied to the Tuition Fees
4. I/We understand that in the event of my/our failure to comply with this Agreement, the School may take any steps in law or equity it deems necessary for the collection of unpaid or overdue Tuition Fees.
5. Should I/we have difficulty in meeting the Tuition Fee obligations set out in this Agreement, I/ we shall notify the School Director so that special arrangements may be discussed to see if the parties can come to a mutually agreed upon written payment schedule/arrangement.

I/We _____ have read, understand, and agree to the terms and conditions of this Tuition Agreement. My/Our signature(s) on this Tuition Agreement recognizes that I/we agree to pay the Tuition Fees in accordance with this Agreement.

Name(s) of Parent/Legal Guardian _____ and _____

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Student's Name: _____ Class: _____

Learn and Play Preschool Portable Record

Child's Name: <i>First</i>			<i>Last</i>		
Date of Birth:					
Month	Day	Year			
Home Address:					
Parent / Guardian:			Relationship to Child:		
Home Address:					
Home Phone #:			Cellular Phone #:		
Parent / Guardian:			Relationship to Child:		
Home Address:					
Home Phone #:			Cellular Phone #:		

Emergency Contact:			Relationship to Child:		
Home Phone #:			Cellular Phone #:		
Home Address:					
Emergency Contact:			Relationship to Child:		
Home Phone #:			Cellular Phone #:		
Home Address:					

Allergies / Food Restrictions:					
Emergency Medication:			Immunizations Up-to-Date: Yes No		

Local Emergency Response Service: 9-1-1

Poison Control Centre: 1-800-332-1414